

Provider Communication

| | |
|--|-------------------------------------|
| Subject: CMS and PDL Pharmacy Changes | Priority: High |
| Date: April 1, 2005 | Message ID: ACSBNR04012005_1 |

Dear Provider:

Preferred Drug List Changes Effective 03/16/05

Effective 3/16/05- Apokyn is “Preferred”.

Effective 3/16/05-Acular, Acular PF, Alocril, Alomide, Livostin and Loprox are “Non-Preferred/PA Required”.

CMS CHANGES - Effective 04/01/05

Please be advised, the following NDCs for saline products are non-rebateable and hence, non-covered by Medicaid in accordance with CMS guidelines, effective April 1, 2005.

| <u>N.D.C.</u> | <u>LABEL NAME</u> |
|----------------------|--|
| 00517-2802-25 | Sodium Chloride Injection, USP 0.9% |
| 00517-2810-25 | Sodium Chloride Injection, USP 0.9% |
| 64054-0902-03 | Sodium Chloride 0.9% 2ml Fill In 3ml Syringe |
| 64054-0903-02 | Sodium Chloride 0.9% 3ml Fill In 12ml Syringe |
| 64054-0903-03 | Sodium Chloride 0.9% 1ml Fill In 3ml Syringe |
| 64054-0903-06 | Sodium Chloride 0.9% 3ml Fill In 6ml Syringe |
| 64054-0903-12 | Normal Saline IV Flush Syringe 3ml Fill/12ml Syringe |
| 64054-0905-02 | Sodium Chloride 0.9% 5ml Fill In 12ml Syringe |
| 64054-0905-06 | Sodium Chloride 0.9% 5ml Fill In 6ml Syringe |
| 64054-0910-02 | Sodium Chloride 0.9% 19ml Fill In 12ml Syringe |

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. If you have additional questions or concerns regarding this notification, please contact Etta Hawkins or Pat Zeigler-Jeter at (404) 656-4044.

Sincerely,

Georgia Department of Community Health, Division of Medical Assistance